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CONFIRMATION NO. 8505

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/799,842	03/13/2004 RULE	604	3763	17127/002004
APPLICANTS Gale White, Fort Worth, TX; Roger Hill, Richardson, TX; Michael J. Zakrewski, Carrollton, TX; Ruth Kummerlen, Frisco, TX; Martyn Stuart Abbott, Richardson, TX; Robert C. Brooks, Dallas, TX;				
** CONTINUING DATA ***** This application is a CIP of 09/452,488 12/01/1999 PAT 6,519,569 and is a CIP of 09/702,310 10/31/2000 PAT 6,790,198				
** FOREIGN APPLICATIONS *****				
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/28/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /MANUEL A MENDEZ/ Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	STATE OR COUNTRY TX	SHEETS DRAWINGS 8	TOTAL CLAIMS 30
INDEPENDENT CLAIMS 3				
ADDRESS OSHA LIANG L.L.P. TWO HOUSTON CENTER 909 FANNIN, SUITE 3500 HOUSTON, TX 77010 UNITED STATES				
TITLE Patient medication IV delivery pump with wireless communication to a hospital information management system				
FILING FEE RECEIVED 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	